

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

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(Enter above the full name of the plaintiff or plaintiff this action)	ne fs in			·		•
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V8.	_	Case No:				
CERMAK HEAL	<u> </u>	—(10 pe sup	plied by t	he <u>Clerk (</u>	of this Cou	<u>t</u>)
PROCHAM SERI	lices.					•
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		08CV298 JUDGE H				
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Enter above the full name lefendants in this action. I use "et al.")	of ALL Do not					
CHECK ONE ONLY:					1.	
COMPLAI U.S. Code (NT UNDER TH state, county, or r	E CIVIL RIGH	ITS ACT, T dants)	TTLE 42 SE	CTION 1983	3
COMPLAT	NT UNDER THE N 1331 U.S. Coo	E CONSTITUT de (federal defe	ION ("BIV ndants)	ENS" ACT	ION), TITLE	g '
	te statute, if knov					

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.	Plaintiff(s):	
	A. Name: IE, ANCEPOLI	
	B. List all aliases:	
	C. Prisoner identification number: 200700900000	
	D. Place of present confinement: C.C.D.D.C	
	E. Address: 2600 50 CNIFORILITA CIGO IL GONDO	Д
	(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)	
I.	Defendant(s): (In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)	
	A. Defendant: CERMIN HEALTH SERVICES	
•	Title: LEMIST	
	Place of Employment: CCCCC Cill.S	
	B. Defendant: CFDMAK HOUTH SERVICES	
	Title: ADMILLES TRATOR	
,	Place of Employment: C.C.DDC CHS	
	C. Defendant: PITTLAM SERVICES	
	Title ADMILITSTRATOR	
٠.	Place of Employment: C.C.D.D.C.	•

	<u> </u>		
Approximate date	of filing lawsuit:		
List all plaintiffs (i	f you had co-plaintiffs)), including any alia	ses:
List all defendants:			
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	wsuit was filed (if fede		listrict; if
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Name of judge to wh	om case was assigned		
Name of judge to wh	om case was assigned		
Name of judge to who Basic claim made: Pisposition of this can it still pending?):	om case was assigned	the case dismissed	? Was it a

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

BUT AS A REDIKEST AND TO SEND HE TO THE PAIL PILLS, WHICH I HEVER RECIEVED. THE DENTIST HAD TO PEPRET TO THE C.H.S ADMINI AND LOG THAT I HAD BEEN SEEN, OU MARCH 2TH THE ADMINISTRATOR	T REDIVERTED TO SEE A DYLITET
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V.	Relief:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
	I WAND LIKE TO BE COMPENSATED FOR
	VAILL AUD SUFFERTUCE
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	The plaintiff demands that the case be tried by a jury. YES NO CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
	Signed this 5 day of 05, 2008
	(Signature of plaintiff or plaintiffs)
. •	TR AUCODIL
1	(Print name)
	Thundwar
	(I.D. Number) 2600 SO CALLEDONIA

(Address)